NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received		Notification #	2610.0106			
I. Type of Notification (O=Original R=Revised C=Canceled) Original								
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)								
OWNER NAME: Environmental Liablity Transfer								
Address: 1650 Des Peres Roa	d, Suite 306	700						
city: St. Louis		State: Missouri	zip: 63131					
Contact: Adam Peetz			Tel: (314) 775-		-0500			
REMOVAL CONTRACTOR: Enterprise Network Resolutions Contracting, LLC.								
Address: 874 Piney Hollow Road, P. O. Box 70								
City: Winslow		State: New Jersey	z _{ip:} 08095		-			
Contact: Ted Budzynski		Tel: (609) 567-0600						
OTHER OPERATOR: Not Applicable								
Address:								
City:		State:	Zip:					
Contact:			Tel:					
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demo								
IV. IS ASBESTOS PRESENT? (Yes/No) Yes								
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)								
Bldg. Name: Building # 6		W. V.						
Address: 1160 State Street	41 44 1		-	1000 - 1000				
City: Perth Amboy		State: New Jersey County: Middles		sex				
Site Location: 1160 State Street, Perth Amboy, New Jersey								
Building Size: Approximately 10,000 sq. ft.		# of Floors: 2 Age in Years: 50)				
Present Use: Vacant		Prior Use: Manufacturing						
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk TEM								
	*****		. Adams					
VII. APPROXIMATE AMOUNT OF ASB INCLUDING:	BESTOS	As	Nonfriable Asbestos					
	To		erial Not Removed	Indicate Unit of Measurement Below				
Regulated ACM to be Rem Category I ACM Not Remo Category II ACM Not Remo	ved Rem	Category I	Category II	UI	NIT			
Pipes	insul	ation		LnFt: 1,000	Ln M:			
Surface Area	transite roof par	nels, tiles, mastic		SqFt: 17,000	Sq M:			
Vol RACM Off Facility Component		n I s		CuFt:	Cu M:			
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02/03/16 Complete: 04/29/16								
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 02/03/16 Complete: 04/29/16								

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA Once the asbestoe abstrement and decontamination activities are completed, ENRC will commence with the demoilition. The but loading, Bulling debris will be disposed as contaminated material, or ACM, which will be handled separately from the rest of the hydrant or poly tank.	TION WORK	K, AND METHO d with trackhoes equipped with t uring the dismantlement of the bu	OD(S) TO BE USED: hydraulic grappiers. The trackhoes will bring down the walls and roof one at a time and consolidate the debris for staging building, dust control measures will be on immediate standby. This shall include water spraying with a 2" life hose from:			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING DEMOLITION OR RENOVATION SITE:	NG CONTR	OLS TO BE US	SED TO PREVENT EMISSIONS OF ASBESTOS AT THE			
continuous spraying of water on entire building and	ACM are	as using a 2"	" fire hose from a poly tank and/or hydrant onsite			
XII. WASTE TRANSPORTER #1						
Name: Bull Waste & Recycling, Inc.						
Address: 427 white Horse Pike, P. O. Box 528						
City: Berlin	State: Ne	ew Jersey	zip: 08009			
Contact Person: Ted Budzynski	ntact Person: Ted Budzynski					
WASTE TRANSPORTER #2			Tel: (609) 567-0600			
Name: Russell Reid, Inc.						
Address: 200 Smith Street, P. O. Box 130						
city: Keasbey	State: New Jersey		zip: 08832			
Contact Person: Scott Withers	, care		Tel: (732) 692-2447			
XIII. WASTE DISPOSAL SITE			1000			
Name: Salem County Sanitary Landfill		40.				
Address: Route 540 & McKillip Road						
city: Alloway Twp.	State: Ne	w Jersey	zip: 08001			
Tel: (856) 935-7900						
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	CY. PLEAS	E IDENTIFY TH	JE ACENICY BEI OW.			
Name: Not Applicable Title:						
Authority:		11.0.				
Date of Order (MM/DD/YY):		Date Ordered	d to Begin (MM/DD/YY):			
XV. FOR EMERGENCY RENOVATIONS: Not Applicable		Date 5. 2	a to begin (wiwibb) (1):			
Date and Hour of Emergency (MM/DD/YY):						
Description of the sudden unexpected event:						
Explanation of how the event caused unsafe conditions or w	vould cause	equinment da	amaga ar an unreceanable financial bundan			
Not Applicable	Tours J.	s equipment ac.	amage or an unreasonable financiaj burgen:			
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:						
Continuous wetting of any/all ACM material found. Separate ACM from gen	neral constructi	tion debris, if possib	ible, and place in ACM bags. All ACM to be placed in lined dumpsters			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROSITE DURING THE DEMOLITION OR RENOVATION, AND EVIPERSON WILL BE AVAILABLE FOR INSPECTION DURING N	VISIONS OF DENCE THA ORMAL BU	F THIS REGULA AT THE REQUIR ISINESS HOUR:	ATION (40 CFR PART 61, SUBPART M) WILL BE ON- IRED TRAINING HAS BEEN ACCOMPLISHED BY THIS RS.			
h / May			1/00/16			
(Signature of Owner/Operator)			(Date)			
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRE	ECT:		, /			
Mr. / lay			1/2/11			
(Signature of Owner/Operator)			(Date)			
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